ÇEPA	WELL REWO		ates Environmental Protecti , PLUGGING AN	-77		IT PLAN,				
			<u>IND ABANDONI</u>	<u> VENT</u>	<u>AFFIDAVIT</u>					
Mame and Address, Merit Energy Con 13727 Noel Road Dallas, TX 75246 972-628-1441 eric.kittinger@me	, Suite 1200)	(ermittee								
Permit or EPA ID N	umber	Full V	Veli Name	······································						
WY20000-02169		49-013-06833 Sho			hone 65-20					
State Wyoming			County Fremont							
Locate well in two	directions from nearest lines of	quarter section and d	rilling unit Latitude	43.53362	75					
Surface Location SE	1/4 of Section 36	Recognitive control	Longitude	-109.0572	2669					
1060 ft. fro	m (E/W) $ar{ extbf{E}}$ Line of quart	er section _{s:}				ş.				
Well Class Timing of Action (pick one)					Type of Action	(pick one)				
Class I	Notice Prior to Work				Well Rewo	rk				
✓ Class II	Date Expected to Comme		✓ Plugging a	nd Abandonment						
Class III Class V	Report After Work Date Work Ended 7/12/		Conversion	n to a Non-Injection Well						
Provide a narrative	description of the work planned	to be performed, or tha	t was performed. Use addition	onal pages	as necessary. See I	nstructions.				
			*	N +1 + 1 = 1	State Mills Communication (Communication Communication Com	. w				
					. ,					
Merit Energy Co	ompany submits the attach	ed daily reports and	wellbore diagram follo	wing plug	and abandonm	ent operations.				
		Cert	tification							
attachments a Information is	the penalty of law that I have pond that, based on my inquiry of true, accurate, and complete. fine and imprisonment. (Ref. 40	those individuals imm I am aware that there a	ediately responsible for ob	taining the	Information, I beli	eve that the				
Name and Official T	itle (Piesse type or print)	Signatur				Date Signed				
Eric Kittinger, Se	nior Regulatory Analyst	3	rktlen			07/21/2022				
EPA Form 7520-19 (F	Rev. 4-19)	······································				***************************************				

INSTRUCTIONS FOR FORM 7520-19

This form replaces forms 7520-12 and 7520-14. Use this form only when work is planned or has occurred that affects the well's construction or operation as an injection well, including work on the casing, tubing or packer (or for shallow Class V wells, the subsurface fluid emplacement network). Use one form per injection well. While reports or other information developed by contractors or service companies may be attached, this form must be signed by a responsible entity as described at 40 CFR 144.32. Note: operators closing Class V wells should use Form 7520-17.

NAME, ADDRESS, PHONE AND/OR EMAIL OF PERMITTEE: Enter the name and street address, city/town, state, and ZIP code of the permittee. Also provide an email address (if available) and/or a phone number.

PERMIT OR EPA ID NUMBER: Enter the well identification number or permit number assigned to the well by the EPA or the permitting authority.

API NUMBER: Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

FULL WELL NAME: Enter the full name of the well or project.

Enter the STATE and COUNTY where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

WELL LOCATION: Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the latitude and longitude of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere.

Enter the WELL CLASS, i.e., the class of injection well as defined in 40 CFR 144.6.

TIMING OF THE ACTION: Check *Notice prior to work* if the activity has not yet occurred (i.e., is planned). Check *Report after work* if the activity described has already occurred. As appropriate, include the date the activity is expected to start or the date the activity was completed. (Note this may not be available, e.g., for a plugging plan submitted with a permit application.)

TYPE OF ACTION: Check the appropriate box to describe the kind of activity being reported. Check *Well Rework* for work that was/will be performed on the well after it has already been in operation as an injection well. Check *Plugging and Abandonment* to report on plans for or descriptions of final closure/plugging after use as an injection well. Check *Conversion to a Non-injection Well* if the well is to be converted to something other than an injection well.

Provide a NARRATIVE DESCRIPTION of the work planned to be performed, or that was performed. The narrative should include a description of the main procedures planned or that occurred during the work activity. A service company report, daily report, or similar document may be attached if it includes all the requested information and is clear and legible.

For well reworks, include the following information: The reason for the well rework; depths of activity; type of activity; changes to injection well configuration, well casing, or cement behind casing; any plug added to the well and its depth; any newly drilled interval and its depth; method(s) to demonstrate that the well has mechanical integrity (as applicable); and any deviations from the approved rework plan (as applicable).

For a well plugging plan, include the following information: Reason for the well plugging; number of plugs placed, and their depths; materials used as plugs (e.g., cast iron bridge plug, cement, cement retainer); method to set plugs; and wait-on-cement times, if any. Also provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to plug the well as described in the plan.

For well plugging affidavit, Include the following information: Reason for the well plugging; number of plugs placed, and their depths; materials used as plugs (e.g., cast iron bridge plug, cement, cement retainer); method to set plugs; wait-on-cement times, if any; and any deviations from the approved plugging plan (if applicable).

For conversion to a non-injection well, include the following information: Depths of activity; type of activity; changes to injection well configuration, well casing, or cement behind casing; any plug added to the well and its depth; any newly drilled interval and its depth; depths of new perforations; and method(s) to demonstrate that the well has mechanical integrity (as applicable).

For all of the above activities, include a well sketch depicting the work, results of well tests/logging performed, service company tickets, and any other available information demonstrating how the work was/is to be performed. Also, specify whether depths are below ground surface, relative to Kelly bushing, etc.

CERTIFICATION: This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average between 6.0 and 7.9 hours per response, depending on the injection well class. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

WellView^{*}

Daily Operations Report

Report Date: Report #

Well Name: Shoshone 65 20

Primary Activity
gan to swab casing while pulling pkr. Haul vac trailer and hook up to backside tion. RDMO.
Primary Activity
Primary Activity
Primary Activity
B jts @ 847', L/D 2 jts & stand back 13 stands, L/D B&S, P/U 4 1/2 CICR, TIH w/ ater, Shut in 4 1/2 csg valve & MIT csg @ 500 psi for 10 min test passed, Sting 78 sx of cement & was ok w/ Merit as well, Mix & pump 118 sx of cement below, 46'-550', L/D 21 jts of tbg, R/U wire line, RIH w/ wire line & shoot perfs @ 525', 600 psi & held, Swapped hoses & tried to pump down 9 5/8 surface csg w/ 2 e line & shoot perfs @ 425', RIH w/ wire line & shoot @ 425', L/D wire line, Tie n water w/ no returns w/ 2 bbl/min @ 600 psi, Consult Matt Miller w/ Merit to
Primary Activity
550'-375' & pump 35 sx of cement down the 9 5/8 csg from 125' to surface & nent from 553'-375' across perf holes, L/D 18 jts, Tie onto the 9 5/8 surface csg csg valve, Tag cement in the 4 1/2 csg & check cement in the 9 5/8 csg in the
Primary Activity
g valve & pressure test could pump up to 200 psi w/ bleed off, Consult Matt ICR @ 370' pump 8 sx below sting out & pump 25 sx of cement from 370'-50' &S to ensure no cement stringers, Stand back 6 stands & L/D 1 single, P/U 4 I to pump below w/ no rate @ 1000 psi, Consult Matt Miller w/ Merit & the EPA nt, L/D 12 jts, RDMOSU, N/D BOP & move equipment.
Primary Activity
ult Matt Miller & TJ Owsley w/ Merit tie onto csg valve & try to est rate, No rate for oders proceeding forward.
Primary Activity
Surface csg & production csg & top off w/ cement & monitor 9 5/8 csg, RIH w/ csg & monitor, Top off as needed.
Primary Activity
, Dig up anchors & back fill, Clean up location:

WellView

Schematic - Current

Well Name: Shoshone 65 20

AFI/UWI 490130683300		Control	Liconco #	V. P. Challing	Well Configuration Type
Original KB Elevation (ft)	KB-Tubing Head Distance (ft)	Original Spud Date	Rig Release Date	PBTD (All) (RKB)	Total Depth All (TVD) (RKB)
7,229.00	7,229.00	1/1/1900 00:00			

 Most Recent Job

 Job Category
 Primary Job Type
 Secondary Job Type
 Job Start Date
 Job End Date

 Plug & Abandon
 Permanently Abandon Well
 4/28/2022

